No. C 145030		Due no later than Aug 31, 2014	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if need NIELSON EYE CARE PROFESSIONALS, P.C. RYAN E NIELSON 2320 E GALA STE 400 MERIDIAN ID 83642	RYAN E NIELSON 2320 GALA #400 MERIDIAN ID 83642 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. To	reacurer	(ontional)			
Office Held	Name	Street or PO Address	reasurer	City	State	Country	Postal Code
PRESIDENT VICE PRESIDENT	ANA D NIEL RYAN E NIE			MERIDIAN MERIDIAN	ID ID	USA USA	83642 83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: ryan NIELSON	nature: ryan NIELSON Date: 06/11/2014				
C 145030		Name (type or print): ryan NIELSON Title: Vp					
Processed 06/11/2014 * Electronically provided signatures are accepted as original signatures.							